



Application for Swimming Pool Compliance Certificate

Issued in accordance with Section 24 of the Swimming Pools Act 1992

Applicant's Details			
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>
Dr <input type="checkbox"/>	Other <input type="checkbox"/>		
Name/Company			
Postal Address			
Locality		State	Postcode
Telephone		Mobile	
Email			
Owner of Property (if not applicant)			
Development Consent No. or Complying Development Certificate No. (if available) (Include Date of Determination)			
DA	Or CDC	Pool Reg. No.	
Subject Land			
Street Address			
Locality		State NSW	Postcode
Lot & DP No.			
Assessment No.			
Signature of Owner/s			
I/We, who own the subject land, consent to this application and consent to Council's Officers entering the premises during normal office hours for the purpose of conducting inspections relative to this application.			
Signature/s		Date	
Email this form to development@lockhart.nsw.gov.au and Council staff will contact you to arrange the inspection, at a date and time convenient to you.			
Payments			
<u>Direct Deposit</u> Lockhart Shire Council A/C 118 635 754 BSB 633 000 Ref: YOUR NAME		<u>Credit Card</u> Please contact Council on 02 6920 5305 to pay by card over the telephone.	
Paid:	Value:	Date:	Receipt No: